

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533596

FILING DATE

5-2-05

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
6			1			
7			1			
8			1			
9			1			
10			1			
11			1			
12			1			
13			1			
14			1			
15			1			
16			1			
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31			1			
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41			1			
42			1			
43			1			
44			1			
45			1			
46			1			
47			1			
48			1			
49			1			
50			1			
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51			1			
52			1			
53			1			
54			1			
55			1			
56			1			
57			1			
58			1			
59			1			
60			1			
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93			1			
94			1			
95			1			
96			1			
97			1			
98			1			
99			1			
100			1			
TOTAL IND.			↓	↓	↓	
TOTAL DEP.	←		←	←	←	
TOTAL CLAIMS						

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CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
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TOTAL IND.		7				
TOTAL DEP.	38					
TOTAL CLAIMS	45	75				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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197						
198						
199						
200						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						